

## **Appendix D: Healthy People 2010 Objectives and Subobjectives Deleted at the Midcourse Review**

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As stated in *Healthy People 2010*: “Most developmental objectives have a potential data source with a reasonable expectation of data points by the year 2004 to facilitate setting 2010 targets in the mid-decade review. Developmental objectives with no baseline at the midcourse will be dropped.”

Accordingly, at the midcourse review, some developmental objectives and subobjectives were deleted because they lacked a data source. In addition, some objectives and subobjectives were deleted due to a change in science. However, the U.S. Department of Health and Human Services and the agencies that serve as the leads for the Healthy People 2010 initiative will consider ways to ensure these public health issues retain prominence despite their current lack of data.

The following objectives and subobjectives were dropped at the midcourse review:

### **1. Access to Quality Health Services**

#### **Objective 1-2**

Increase the proportion of insured persons with coverage for clinical preventive services.

#### **Objective 1-3e**

Increase the proportion of persons appropriately counseled about health behaviors—childhood injury prevention: vehicle restraints and bicycle helmets.

### **5. Diabetes**

#### **Objective 5-8**

Decrease the proportion of pregnant women with gestational diabetes.

#### **Objective 5-9**

Reduce the frequency of foot ulcers in persons with diabetes.

### **7. Educational and Community-Based Programs**

#### **Objective 7-7**

Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

#### **Objective 7-8**

Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization.

### **Objective 7-9**

Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.

### **Objective 7-11a, b, d, e, f, j, k, l, p, w, x, bb**

Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.

- 7-11a. Access to quality health services and clinical preventive services
- 7-11b. Arthritis, osteoporosis, and chronic back conditions
- 7-11d. Chronic kidney disease
- 7-11e. Diabetes
- 7-11f. Disability and secondary conditions
- 7-11j. Food safety
- 7-11k. Medical product safety
- 7-11l. Health communication
- 7-11p. Injury and violence prevention
- 7-11w. Public health infrastructure
- 7-11x. Respiratory diseases
- 7-11bb. Vision and hearing

## **8. Environmental Health**

### **Objective 8-24a**

Reduce exposure to pesticides—1-naphthol (carbaryl)—as measured by urine concentrations of metabolites.

### **Objective 8-27l, m, n**

Increase or maintain the number of Territories, Tribes, and States, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to environmental hazards.

- 8-27l. Skin cancer
- 8-27m. Malignant melanoma
- 8-27n. Other skin cancer

### **Objective 8-28**

Increase the number of local health departments or agencies that use data from surveillance of environmental risk factors as part of their vector control programs.

## **10. Food Safety**

### **Objective 10-1e, g**

Reduce infections caused by key foodborne pathogens.

- 10-1e. *Cyclospora cayetanensis*
- 10-1g. Congenital *Toxoplasma gondii*

### **Objective 10-3 e through p**

Prevent an increase in the proportion of isolates of *Salmonella* species from humans and from animals at slaughter that are resistant to antimicrobial drugs.

*Salmonella* from cattle at slaughter resistant to

- 10-3e. Fluoroquinolones
- 10-3f. Third-generation cephalosporins
- 10-3g. Gentamicin
- 10-3h. Ampicillin

*Salmonella* from broilers at slaughter resistant to

- 10-3i. Fluoroquinolones
- 10-3j. Third-generation cephalosporins
- 10-3k. Gentamicin
- 10-3l. Ampicillin

*Salmonella* from swine at slaughter resistant to

- 10-3m. Fluoroquinolones
- 10-3n. Third-generation cephalosporins
- 10-3o. Gentamicin
- 10-3p. Ampicillin

### **Objective 10-7**

Reduce human exposure to organophosphate pesticides from food.

## **13. HIV**

### **Objective 13-7**

Increase the number of HIV-positive persons who know their serostatus.

### **Objective 13-9**

Increase the number of State prison systems that provide comprehensive HIV/AIDS, sexually transmitted diseases, and tuberculosis education.

### **Objective 13-10**

Increase the proportion of inmates in State prison systems who receive voluntary HIV counseling and testing during incarceration.

### **Objective 13-12**

Increase the proportion of adults in publicly funded HIV counseling and testing sites who are screened for common bacterial sexually transmitted diseases (STDs) (chlamydia, gonorrhea, and syphilis) and are immunized against hepatitis B virus.

## **14. Immunization and Infectious Diseases**

### **Objective 14-15**

Increase the proportion of international travelers who receive recommended preventive services when traveling in areas of risk for select infectious diseases: hepatitis A, malaria, and typhoid.

## **16. Maternal, Infant, and Child Health**

### **Objective 16-5b, c**

Reduce maternal illness and complications due to pregnancy.

- 16-5b. Ectopic pregnancies.
- 16-5c. Post partum complications, including post partum depression.

### **Objective 16-14d**

Reduce the occurrence of developmental disabilities—epilepsy.

### **Objective 16-20c**

Ensure that infants with diagnosed disorders are enrolled in appropriate service interventions within an appropriate time period.

## **17. Medical Product Safety**

### **Objective 17-1b**

Increase the proportion of health care organizations that are linked in an integrated system that monitors and reports adverse events associated with medical devices.

### **Objective 17-3**

Increase the proportion of primary care providers, pharmacists, and other health care professionals who routinely review with their patients aged 65 years and older and patients with chronic illnesses or disabilities all new prescribed and over-the-counter medicines.

## **19. Nutrition and Overweight**

### **Objective 19-15**

Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality.

## **23. Public Health Infrastructure**

### **Objective 23-1**

Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.

### **Objective 23-5**

Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data—especially for select populations—are available at the Tribal, State, and local levels.

### **Objective 23-16**

Increase the proportion of Federal, Tribal, State, and local public health agencies that gather accurate data on public health expenditures, categorized by essential public health service.

## **25. Sexually Transmitted Diseases**

### **Objective 25-10**

Reduce neonatal consequences from maternal sexually transmitted diseases, including chlamydial pneumonia, gonococcal and chlamydial *ophthalmia neonatorum*, laryngeal papillomatosis (from human papillomavirus infection), neonatal herpes, and preterm birth and low birth weight associated with bacterial vaginosis.

### **Objective 25-12**

Increase the number of positive messages related to responsible sexual behavior during weekday and nightly prime-time television programming.

### **Objective 25-14**

Increase the proportion of youth detention facilities and adult city or county jails that screen for common bacterial sexually transmitted diseases within 24 hours of admission and treat STDs (when necessary) before persons are released.

### **Objective 25-15**

Increase the proportion of all local health departments that have contracts with managed care providers for the treatment of nonplan partners of patients with bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia).

### **Objective 25-17**

Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards.

### **Objective 25-18**

Increase the proportion of primary care providers who treat patients with sexually transmitted diseases and who manage cases according to recognized standards.

### **Objective 25-19**

Increase the proportion of all sexually transmitted disease clinic patients who are being treated for bacterial STDs (chlamydia, gonorrhea, and syphilis) and who are offered provider referral services for their sex partners.

## **26. Substance Abuse**

### **Objective 26-1b, c, d**

Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.

- 26-1b. Alcohol-related injuries
- 26-1c. Drug-related deaths
- 26-1d. Drug-related injuries

## **27. Tobacco Use**

### **Objective 27-1d**

Reduce use of other tobacco products by adults.

### **Objective 27-8c**

Increase all insurance coverage of evidence-based treatment for nicotine dependency.

## **28. Vision and Hearing**

### **Objective 28-15**

Increase the number of persons who are referred by their primary care physician for hearing evaluation and treatment.